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State of California—Health and Human Services Agency
Department of Health Care Services



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GOVERNOR

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Index: Benefits

Supersedes: N.L. 06-1008

N.L. 21-0705

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM COUNTY ADMINISTRATORS, MEDICAL DIRECTORS, SYSTEMS OF CARE (SCD) DIVISION AND REGIONAL OFFICE STAFF

SUBJECT: AUTHORIZATION OF DIAGNOSTIC SERVICES FOR INFANTS REFERRED THROUGH THE CALIFORNIA NEWBORN HEARING SCREENING PROGRAM (NHSP)

This numbered letter supersedes CCS NL: 06-1008, NL: 21-0705 and clarifies the authorization of diagnostic services for infants referred through the NHSP with other CCS Program eligible conditions, incorporates program changes based on the Year 2007 Position Statement of the Joint Committee on Infant Hearing and updates the NHSP Infant Hearing Screening Provider Standards.

I. Background

The California NHSP was enacted with the signing of Assembly Bill (AB) 2780 (Chapter 310, Statutes of 1998), which mandated the NHSP in all CCS Program-approved hospitals and Neonatal Intensive Care Units (NICU). AB 2651 expanded the NHSP to all general acute care hospitals with licensed perinatal services or Intensive Care Newborn Nursery (ICNN) beds in California effective January 2008. The goal of the program is identification of a hearing loss by three months of age and linkage with early intervention and audiologic services by six months of age. Changes were instituted in the CCS Program to assure that infants receive diagnostic services as soon as possible.

The NHSP's Hearing Coordination Centers have certified hospitals with licensed perinatal services and/or ICNNs to participate in the program as Inpatient Infant Hearing Screening Providers. Hospitals will administer hearing screening to all infants unless a parent objects on the grounds that the test is in violation of their beliefs. The hospitals perform an automated hearing screening on these infants in the nursery prior to hospital discharge. A repeat screening must be done prior to discharge if the infant has a refer result (did not pass) on the first screening.

Infants who refer on the second screening are scheduled for an outpatient re-screening within four weeks of discharge. Because of the elevated risk of auditory neuropathy in the ICNN population, those infants must be screened with automated auditory brainstem response screening equipment during their inpatient stay and again on the outpatient screening if necessary. Infants who do not have a hearing screening done prior to hospital discharge will have an initial outpatient screening scheduled by the hospital.

Infants with unilateral or bilateral atresia of the external auditory canal or microtia of the pinna will be referred directly for a complete diagnostic audiologic evaluation. Additionally, a physician can determine that an infant's medical condition or history warrants referral directly to diagnostic evaluation.

- A. The following infants will be referred to the CCS Program for authorization of diagnostic services to determine if a hearing loss is present:
1. Infants who have a refer result on both the hospital inpatient and outpatient re-screening in one or both ears.
 2. Infants who have a refer result on an initial outpatient screening in one or both ears, which is done because the infant was not screened before hospital discharge. These infants do NOT require an outpatient hearing re-screening before referral for diagnostic evaluation.
 3. Infants who received services in the ICNN whose physician has made a determination that a diagnostic evaluation is warranted. These infants do NOT require an inpatient or outpatient hearing screening before referral for diagnostic evaluation. Please note that the physician determination must be made and documented on a case by case basis. A blanket hospital policy may not be applied to require that all infants receiving care in the ICNN receive a diagnostic evaluation.
 4. Infants with unilateral or bilateral atresia of the external auditory canal (EAC) or microtia of the pinna. Please note that microtia is correlated with conductive hearing loss and sometimes with sensorineural hearing loss. Microtia has been added as a condition requiring immediate referral to and authorization for diagnostic services. These infants do NOT require an inpatient or outpatient hearing screening before referral for diagnostic evaluation.

5. Infants who are older than 6 months corrected age, who have not been screened.
6. Infants with the following risk factors associated with sensorineural or conductive hearing loss:
 - a. Caregiver concern regarding hearing, speech, language, or developmental
 - b. Family history of permanent childhood hearing loss
 - c. Neonatal intensive care of more than five (5) days or any of the following regardless of length of stay:
 - i. ECMO
 - ii. Assisted ventilation
 - iii. Exposure to ototoxic medications (Gentamicin and tobramycin) or loop diuretics
 - iv. Hyperbilirubinemia that requires exchange transfusion
 - d. In utero infections, such as CMV, herpes, rubella, syphilis, and toxoplasmosis
 - e. Craniofacial anomalies, including those that involve pinna, ear canal, ear tags, ear pits, and temporal bone anomalies
 - f. Physical findings, such as white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss
 - g. Syndromes associated with hearing loss or progressive or late-onset hearing loss, such as neurofibromatosis, osteopetrosis, and Usher syndrome; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson
 - h. Neurodegenerative disorder, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome

- i. Culture-positive postnatal infections associated with sensorineural hearing loss, including confirmed bacterial and viral (especially herpes virus and varicella) meningitis
- j. Head trauma, especially basal skull/temporal bone fracture that requires hospitalization
- k. Chemotherapy

NOTE: Referrals for diagnostic evaluations may come from non-CCS Program approved hospitals and/or non-paneled providers now that the NHSP has expanded to all general acute care hospitals.

The above referral guidelines have been distributed to providers approved as Program NHSP Outpatient Infant Hearing Screening Providers (approved as per Chapter 3.42.2 of the CCS Procedures Manual) who will perform the outpatient screenings.

NHSP Outpatient Infant Hearing Screening Providers have been supplied with and have been instructed to use the preprinted copies of the CCS Program NHSP Request for Service Form or a Service Authorization Request (SAR) form and copies of the CCS Program application form. These providers are instructed to forward, by fax or mail, completed and signed copies of both forms and a copy of the hearing screening results to the appropriate local CCS program to facilitate the authorization of a diagnostic hearing evaluation.

The NHSP is encouraging those outpatient screening providers who are also a CCS Program-approved Type C Communication Disorder Center (CDC) to perform the diagnostic evaluation as soon as possible after the infant refers on an outpatient re-screening or initial screening. The providers have been advised that the CCS Program will authorize the diagnostic evaluation regardless of insurance coverage, but that they must simultaneously request authorization from the appropriate third-party payer.

A diagnostic evaluation includes audiologic testing procedures necessary to determine the type, degree, and configuration of hearing loss. The diagnostic evaluation appointment is typically scheduled for two to three hours and may require more than one visit to complete all of the testing.

The SCD Branch has distributed Infant Audiology Assessment Guidelines to audiologists throughout California describing the recommended diagnostic hearing testing procedures to perform on infants. These guidelines are posted on the NHSP website (<http://www.dhcs.ca.gov/services/nhsp>) under the Provider Resources link.

II. Policy

- A. The CCS Program shall issue an authorization to a CCS Program-approved Type C CDC to perform a diagnostic evaluation on ALL infants referred through the NHSP who meet the referral criteria. These referrals will come from a CCS Program-approved Type C CDC, an Outpatient Infant Hearing Screening Provider, an NHSP-certified well baby nursery (for babies with atresia of the EAC or microtia of the pinna) or ICNN, or from the NHSP Hearing Coordination Center. CCS Program shall concurrently issue an authorization to a CCS Program-approved (paneled) otolaryngologist.
- B. These authorizations shall be issued:
 - 1. Within five working days of receipt of referral.
 - 2. Without regard to the patient's insurance coverage or the family's income.
 - 3. Without waiting for a denial of coverage from patient's Health Maintenance Organization (HMO) or other third-party payer.
 - 4. Without regard to other CCS Program-eligible conditions.
- C. Issuance of this authorization for diagnostic services requires only the receipt of a Request for Services Form or SAR, a signed application or proof of Medi-Cal or Healthy Families coverage, and a copy of the screening results. There is no need to complete a financial and residential eligibility determination.
 - 1. Authorization for a diagnostic hearing evaluation for NHSP infants with other CCS Program-eligible conditions shall not be delayed while completing determination of program and medical eligibility associated with other CCS Program-eligible condition.
 - 2. Authorization for a diagnostic hearing evaluation for NHSP infants shall not be denied on the basis of previously verified HMO or private insurance coverage for other CCS Program-eligible conditions.

D. The \$20 assessment fee is waived for these services.

III. Policy Guidelines

A. An authorization for a diagnostic hearing evaluation shall be issued to a CCS Program-approved Type C CDC and shall be for 90 days. The authorization shall cover all diagnostic testing and evaluation procedures contained in the Service Code Group (SCG) 04.

B. Authorizations shall include the following information:

1. For CCS Program counties and Regional Offices utilizing the CCS Program SAR system, select the following from the "Special Instructions" drop-down menu:

"Newborn Hearing Program/Newborn Hearing Screening Program: Claims for services provided to children with other third party insurance must be submitted to the insurance carrier or HMO prior to billing the CCS program for the services. A denial of payment from the third-payer must accompany this claim."

C. A copy of the authorization for a diagnostic hearing evaluation shall be sent to the appropriate Hearing Coordination Center (this supports timely and effective tracking of diagnostic and, if needed, treatment and early intervention services).

IV. Children at Risk for Progressive Hearing Loss

A number of infants who are determined to have normal hearing have a medical or family history that places them at risk for developing a progressive or late onset hearing loss. These risk factors, most recently updated in the Year 2007 Position Statement of the Joint Committee on Infant Hearing, include, but are not limited to, a family history of early childhood hearing loss, congenital infections and meningitis.

Children with these risk factors should receive at least one diagnostic evaluation by 24-30 months of age. Some children will require one or more complete audiologic evaluations before 36 months of age, depending on the risk factor and developmental screening results.

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If you have any questions regarding this policy, please contact the Hearing and Audiology Services Unit at (916) 322-5794.

Sincerely,

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